

**Mail this application to:**

**The name of the waitlist I'm applying for is:** \_\_\_\_\_

*Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open*

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".  
**Incomplete applications may be returned or discarded.**

**Name of HoH:** \_\_\_\_\_

**Long-Term Mailing Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_  
(this address should ideally work for the next 3-5 years):

**Phone(s):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Email:** \_\_\_\_\_

The **SSN** for the head of household is: \_\_\_\_\_

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? \_\_\_\_\_ What is your **gender**? \_\_\_\_\_

**Race** (white, black, asian, etc)? \_\_\_\_\_

What was your **mother's last name** when she was born? *Protects your privacy*) \_\_\_\_\_

**How many people** will be living in the unit? \_\_\_\_\_ people. What **unit size** are you seeking? \_\_\_\_\_ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) \_\_\_\_\_

What is your family's **ANNUAL** income? \$ \_\_\_\_\_ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

**Specify:** ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ \_\_\_\_\_

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? \_\_\_\_\_

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

**Office Only: Date/Time Stamp**

# SOUTH SHORE HOUSING



South Shore Housing Development Corporation  
169 Summer Street  
Kingston, Massachusetts 02364  
(617) 585-3885; 1-800-242-0957

For Office Use Only:

202 W.L. # \_\_\_\_\_

Priority \_\_\_\_\_

## PRE-APPLICATION FOR ELDERLY/HANDICAPPED HOUSING ASSISTANCE

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_  
(street) (town) (state) (zip)

Mailing Address \_\_\_\_\_  
(if different)

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

1. List all persons expected to reside in household:

NAME	RELATION	AGE	SEX	INCOME Gross/month	SOURCES OF INCOME

2. Does your family need a wheelchair accessible unit? ☐ No ☐ Yes

3. ASSETS: (List all for all members)

TYPE	BANK	ACCOUNT #	AMOUNT

4. Please indicate your race ( for statistics only). Check one:

- ☐ 1. White ☐ 3. American Indian ☐ 5. Asian  
☐ 2. Black ☐ 4. Hispanic ☐ 6. Other \_\_\_\_\_

5. Do you have a pet? \_\_\_\_\_ Type: \_\_\_\_\_

6. Do you have a car? \_\_\_\_\_ Make \_\_\_\_\_ Year: \_\_\_\_\_

7. Emergency Contact:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

SIGNED UNDER PAINS AND PENALTIES OF PERJURY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING: Section 101 of title 18 of the U.S. Code makes it a criminal offence to make willful false statements or willful misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.



**PLEASE CHECK DESIRED COMPLEX  
(ELDERLY/HANDICAPPED)**

☐ CARVER.

☐ MARSHFIELD

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**PREFERENCE DETERMINATION**

Check any that may apply.  
(You may give explanation for clarity)

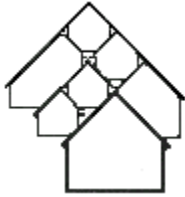
- \_\_\_\_\_ 1. MY HOUSEHOLD IS LIVING IN A TEMPORARY PLACEMENT IN A SHELTER, HOTEL/MOTEL OR WITHOUT TEMPORARY SHELTER OF ANY KIND. (THIS DOES NOT INCLUDE STAYING WITH FRIENDS OR RELATIVES.)
- \_\_\_\_\_ 2. MY HOUSEHOLD IS HOMELESS BECAUSE OF FIRE, FLOOD OR NATURAL DISASTER.
- \_\_\_\_\_ 3. MY HOUSEHOLD IS LIVING IN SUBSTANDARD HOUSING. (SUBSTANDARD INCLUDES LIVING IN CONDEMNED OR DILAPIDATED HOUSING, OR HOUSING WITH INSUFFICIENT PLUMBING, ELECTRICAL SERVICE, HEATING)
- \_\_\_\_\_ 4. MY HOUSEHOLD IS OR WILL BE INVOLUNTARILY DISPLACED BECAUSE OF CONDO CONVERSION, GOVERNMENT ACTION, DOMESTIC VIOLENCE, OR LANDLORD ACTION (NOT INCLUDING EVICTION OR RENT INCREASE).
- \_\_\_\_\_ 5. MY HOUSEHOLD IS PAYING 50% OR MORE OF GROSS INCOME TOWARDS RENT AND UTILITIES.
- \_\_\_\_\_ 6. I DO NOT QUALIFY FOR A PREFERENCE AT THIS TIME.

I CERTIFY THAT MY HOUSEHOLD QUALIFIES FOR A PREFERENCE BECAUSE OF THE ABOVE REASON(S) I HAVE CHECKED. I UNDERSTAND THAT I WILL BE REQUIRED TO VERIFY THIS INFORMATION BEFORE I MAY RECEIVE RENTAL ASSISTANCE AND IF I AM UNABLE TO DO SO, I WILL LOSE THE PREFERENCE.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_



# **SOUTH SHORE HOUSING**



South Shore Housing Development Corporation  
169 Summer Street  
Kingston, Massachusetts 02364  
(781) 422-4200 • 1-800-242-0957  
FAX (781) 585-7483 • TDD (781) 585-3886

## **AUTHORIZATION TO OBTAIN AND RELEASE INFORMATION**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

I hereby authorize:

\_\_\_\_\_  
AGENCY

\_\_\_\_\_  
CONTACT

\_\_\_\_\_  
PHONE NUMBER

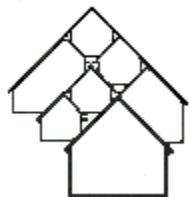
to release to, or obtain from, South Shore Housing Development Corporation any information, including documentation and other materials, pertinent to eligibility for or participation in the Supportive Housing Program.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Applicant's Signature:



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## GPASHP Supportive Housing Program Referral & Application Form

### List Everyone Who Will Live in Unit

Family Name/Head of Household

D.O.B.

Social Security #

Spouse

Children That Live With You

*(List Additional Children on Back of Form)*

### Present Address

Street

Town

Zip

Telephone Number

Emergency contact.

Name

Address

Phone

Please Include The Following Forms With This Referral/Application:

\_\_\_\_ Verification of Homelessness

\_\_\_\_ Authorization of Release of Confidential Information

\_\_\_\_ Verification of Disability

Applicant Signature:

Referral Signature:

Title



## Income & Other Assistance Sources

### Income Sources

### Monthly Amount

_____ Supplemental Security Income (SSI)	_____
_____ Social Security Disability Income (SSDI)	_____
_____ TAFDC	_____
_____ Employment Income	_____
_____ Unemployment Benefits	_____
_____ Other	_____

TOTAL

### Other Assistance Sources

_____ Food Stamps	_____
_____ Medicaid _____ Medicare	_____
_____ Other	_____

### Assets

Value of all Bank Accounts and CDs: \_\_\_\_\_

Do you or any household member own or have any interest in any real estate, life insurance, IRAs, bonds, or other form of capital? ☐ No ☐ Yes If yes, please list the value. \$ \_\_\_\_\_

### Current Services & Providers

_____ Counseling (Individual)	_____ Counseling (Family)
_____ Counseling (Children)	_____ Substance Abuse Services
_____ Education/Vocational Training	_____ Legal Aid
_____ Parenting Education	_____ Money Management/Budgeting
_____ Day Care	_____ Peer Support Group(s)
_____ Anger Management	_____ Other

### Special Requirements

\_\_\_\_\_ Mobility Issues: Wheelchair, Special Needs  
\_\_\_\_\_ Interpretation Needs (English not native language)  
\_\_\_\_\_ Other (e.g. Visual doorbell alert, smoke alarms)



## Past Housing/Landlord References

	Name	Address	Phone#	Tenancy Dates	Unit Address
1.	_____				
2.	_____				
3.	_____				

Do you currently hold a certificate for rental assistance? ☐ No ☐ Yes Type \_\_\_\_\_

Have you had a subsidy in the past? ☐ No ☐ Yes If yes, where? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Status: \_\_\_\_\_

## Support Services

Are you willing to enter into a lease agreement? \_\_\_\_\_

Will you work with Program Case Manager to link with support services? \_\_\_\_\_

Will you cooperate in all provided services? \_\_\_\_\_

## Referral Source

\_\_\_\_\_ Self. If so, how did you hear of the program?

\_\_\_\_\_ Street Outreach Worker

\_\_\_\_\_ Police

\_\_\_\_\_ Emergency or Transitional Shelter Staff

\_\_\_\_\_ DTA Staff

\_\_\_\_\_ Psychiatric Hospital Staff

\_\_\_\_\_ Other Medical or Hospital Clinic Staff

\_\_\_\_\_ Mental Health Out-Patient Clinic

\_\_\_\_\_ Other Social Service Staff

\_\_\_\_\_ Alcohol or Other Drug Program

\_\_\_\_\_ PHA Waiting List

\_\_\_\_\_ Church Staff

\_\_\_\_\_ Unknown

\_\_\_\_\_ Other If other, please specify: \_\_\_\_\_

## Primary Disabilities

\_\_\_\_\_ Mental Illness Diagnosis \_\_\_\_\_

\_\_\_\_\_ Physical Specify \_\_\_\_\_

\_\_\_\_\_ Other Specify \_\_\_\_\_



## Please Indicate Your Race & Ethnicity

### Race

\_\_\_\_\_ My race is White.

\_\_\_\_\_ My race is Black.

\_\_\_\_\_ My race is Asian/Pacific Islander.

\_\_\_\_\_ My race is American Indian/Native Alaskan.

\_\_\_\_\_ My race is Other. If you checked other, please specify:

### Ethnicity:

\_\_\_\_\_ My race is Hispanic.

\_\_\_\_\_ My race is non-Hispanic.

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."

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### For Office Use Only

Reason Applicant Did Not Enter Supportive Housing Program:

\_\_\_\_\_ Not Homeless

\_\_\_\_\_ Not Disabled

\_\_\_\_\_ Refused to Accept Services

\_\_\_\_\_ Did Not Meet Other Eligibility Requirements

Specify: \_\_\_\_\_

\_\_\_\_\_ No Vacancies

\_\_\_\_\_ Found Alternative Housing





## HOMELESS VERIFICATION FORM

For use in the Supportive Housing Program (SHP)

\_\_\_\_\_ has been determined and verified as homeless  
*Client Name*

according to the following criteria (check one):

\_\_\_\_\_ Living on the streets, in a car, or other inappropriate place  
*Please attach a signed and dated letter verifying collateral contacts with other agencies, the address used for public assistance checks or a signed statement by the client.*

\_\_\_\_\_ Living in a shelter  
*Please attach a signed and dated letter from a shelter staff person or from a social service agency that can verify the shelter stay.*

\_\_\_\_\_ Living in transitional housing.  
*Please attach a signed and dated letter from the transitional provider verifying the client's homeless status (i.e. streets, shelter, etc.) prior to transitional housing*

\_\_\_\_\_ At immediate risk of homelessness.  
*If from an institution, please attach a signed and dated letter verifying unsuccessful attempts to secure other housing options. If due to pending eviction, please attach a signed and dated letter verifying the eviction proceedings and unsuccessful attempts to secure other housing.*

*This form and the appropriate verification must be filed in each case record and be available for possible HUD review. Please also include a client income verification in each case record.*

\_\_\_\_\_  
Name of staff verifying homelessness

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Date



# MEDICAL EXPENSE CERTIFICATION

*This only needs to be completed if you are submitting medical expenses.*

I, \_\_\_\_\_ hereby certify that i have not filed or received reimbursement on the medical expenses for medical bills submitted as a deduction.

## EXPENSES

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SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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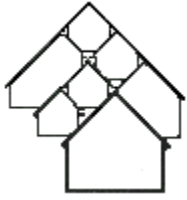
WARNING: SECTION 1001 TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

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**STATEMENT MUST BE NOTARIZED**



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## GPASHP Supportive Housing Program

### **Requirements:** This new program provides:

- 2 bedroom permanent housing for homeless families. One parent or one child is disabled, where the parent is responsible for the full care of the child and is unable to work.
- One family member must be receiving SSI or SSDI and be homeless under the McKinney definition.
- Participant should be committed to improving quality of life and self-sufficiency skills through case management and implementation of service plan and support services.

A disability can be defined as either physical or mental (including developmental, emotional issues or a history of alcohol/drug abuse).

Linkage with long term, community based support services will be encouraged in order to increase self-sufficiency and maintain permanent housing. These services could include: counseling, substance abuse recovery, education, vocational training, child care, tenancy skill training, money management & budgeting, peer support & socialization and transportation needs.

Apartments are available in the greater Plymouth area. Several units are wheelchair accessible.

Call Lynn Ellis, Case Manager for an application at 781-422-4213, or Kay Connor at 781-422-4222.



## Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns:** To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

### CURRENT RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### PRIOR RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 2

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 3

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A